

**FULL APPROVAL FOR TRANSITION COORDINATOR**

**Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.**

**The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.**

Candidate's Name: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 ISD Name: \_\_\_\_\_ ISD Code #: \_\_\_\_\_  
 LEA Name: \_\_\_\_\_ LEA Code#: \_\_\_\_\_  
 Program Category: \_\_\_\_\_  
 Effective Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

- |            |           |    |  |
|------------|-----------|----|--|
| <b>Yes</b> | <b>No</b> | 1. | This candidate holds a bachelor's or graduate degree in special education or a field related to transition of youth with disabilities into adult roles.  |
| <b>Yes</b> | <b>No</b> | 2. | This candidate has completed a minimum of 3 years of satisfactory teaching experience in special or vocational education at the secondary level; or a minimum of 3 years of satisfactory employment providing transition-related service to individuals with disabilities between the ages of 13 to 26 years.  |
| <b>Yes</b> | <b>No</b> | 3. | <p>The employing superintendent or designee has provided evidence that the candidate has met and is able to demonstrate the following competencies as established by the State Board of Education in all of the following areas:</p> <ul style="list-style-type: none"> <li>▪ knowledge of transition foundations to develop transition education, activities, and services for students, families, and service providers;</li> <li>▪ effective facilitation, coaching, and leadership skills at a group and individual level;</li> <li>▪ ability to engage in collaborative transition service delivery, and utilize interagency agreements;</li> <li>▪ facilitate/teach pertinent transition practices (issues) to support special education and agency staff including:               <ul style="list-style-type: none"> <li>Federal/Michigan Law</li> <li>Curriculum/Best Practice</li> <li>Delivery of Transition Services</li> <li>Interagency Collaboration</li> </ul> </li> <li>▪ understand outcome measurement and evaluation of transition services.</li> </ul> |
| <b>Yes</b> | <b>No</b> | 4. | Personnel signatures by the candidate, employing superintendent, and ISD.  |

**SUPERINTENDENT'S STATEMENT OF ASSURANCE:**

I certify that this candidate has met all the competencies as established by the state board of education (R 340.1799g (1) (c)), listed under question three of this request form and have received appropriate documentation as evidence.

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Superintendent's Signature

Date

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**PERSONNEL SIGNATURES:**

\_\_\_\_\_  
Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employing Superintendent/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
ISD Superintendent/Designee

\_\_\_\_\_  
Date

Return to:  
(ISD Contact)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc:

Intermediate School District  
School District  
Candidate

Telephone #:

\_\_\_\_\_